

B104 ADVERSARY PROCEEDING COVERSHEET (Rev.2/92) (Instructions on Reverse)		ADVERSARY PROCEEDING NUMBER (Court Use Only)	
PLAINTIFFS		DEFENDANTS	
ATTORNEYS (Firm Name, Address & Telephone)		ATTORNEYS (If Known)	
PARTY (Check one box only) <input type="checkbox"/> 1. U.S. Plaintiff <input type="checkbox"/> 2. U.S. Defendant <input type="checkbox"/> U.S. Not a Party			
CAUSE OF ACTION (WRITE A BRIEF STATEMENT OF CAUSE OF ACTION, INCLUDING ALL U.S. STATUTES INVOLVED)			
NATURE OF SUIT (Check the one most appropriate box only)			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> 454 To Recover Money or Property <input type="checkbox"/> 435 To Determine Validity, Priority, or Extent of a Lien or Other Interest in Property <input type="checkbox"/> 458 To obtain approval for the sale of both the interest of the estate and of a co-owner in property <input type="checkbox"/> 424 To object or to revoke a discharge 11 U.S.C. ' 727 </div> <div style="width: 33%;"> <input type="checkbox"/> 455 To revoke an order of confirmation of a Ch. 11, Ch. 12, or Ch. 13 Plan <input type="checkbox"/> 426 To determine the dischargeability of a debt 11 U.S.C. ' 523 <input type="checkbox"/> 434 To obtain an injunction or other equitable relief <input type="checkbox"/> 457 To subordinate any allowed claim or interest except where such subordination is provided in a plan </div> <div style="width: 33%;"> <input type="checkbox"/> 456 To obtain a declaratory judgement relating to any of foregoing causes of action <input type="checkbox"/> 459 To determine a claim or cause of action removed to a bankruptcy court <input type="checkbox"/> 498 Other (specify <input type="checkbox"/> 499 Hardship Discharge (student loan) </div> </div>			
ORIGIN OF PROCEEDINGS (Check one box only) <input type="checkbox"/> 1 Original Proceeding <input type="checkbox"/> 2 Removed Proceeding <input type="checkbox"/> 4 Reinstated Or Reopened <input type="checkbox"/> 5 Transferred from Another Bankruptcy Court			CHECK IF THIS IS A CLASS <input type="checkbox"/> ACTION UNDER F.R.C.P.23
DEMAND	NEAREST THOUSAND \$	OTHER RELIEF SOUGHT	JURY <input type="checkbox"/> DEMAND
BANKRUPTCY CASE IN WHICH THIS ADVERSARY PROCEEDING ARISES			
NAME OF DEBTOR		BANKRUPTCY CASE NO.	
DISTRICT IN WHICH CASE IS PENDING	DIVISIONAL OFFICE	NAME OF JUDGE	
RELATED ADVERSARY PROCEEDING (IF ANY)			
PLAINTIFF	DEFENDANT	ADVERSARY PROCEEDING NO.	
DISTRICT	DIVISIONAL OFFICE	NAME OF JUDGE	
FILING FEE (Check one box only) <input type="checkbox"/> FEE ATTACHED <input type="checkbox"/> FEE NOT REQUIRED <input type="checkbox"/> FEE IS DEFERRED			

DATE	PRINT NAME	SIGNATURE OF ATTORNEY (OR PLAINTIFF)
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ADVERSARY PROCEEDING COVER SHEET (Reverse Side)

This cover sheet must be completed by the plaintiff's attorney (or by the plaintiff if the plaintiff is not represented by an attorney) and submitted to the Clerk of the Court upon the filing of a complaint initiating an adversary proceeding.

The cover sheet and the information contained on it DO NOT replace or supplement the filing and service of pleadings or other papers as required by law, the Bankruptcy Rules, or the local rules of court. This form is required for the use of the Clerk of Court to initiate the docket sheet and to prepare necessary indices and statistical records. A separate cover sheet must be submitted to the Clerk of Court for each complaint filed. The form is largely self explanatory.

Parties. The names of the parties to the adversary proceeding *exactly* as they appear on the complaint. Give the names and addresses of the attorneys if known. Following the heading **AParty,** check the appropriate box indicating whether the United States is a party named in the complaint.

Cause of Action. Give a brief description of the cause of action including all federal statutes involved. For example, **AComplaint** seeking damages for failure to disclose information, Consumer Credit Protection Act, 15 U.S.C. ' 1601 et seq., or **AComplaint** by trustee to avoid a transfer of property by the debtor, 11 U.S.C. ' 544.

Nature of Suit. Place an **AX** in the appropriate box. Only one box should be checked. If the cause fits more than one category of suit, select the most definitive.

Origin of Proceedings. Check the appropriate box to indicate the origin of the case:

1. Original Proceeding
2. Removed from a State or District Court
4. Reinstated or Reopened
5. Transferred from Another Bankruptcy Court

Demand. On the next line, state the dollar amount demanded in the complaint in thousands of dollars. For \$1,000 enter **A1** for \$10,000 enter **A10**, for \$100,000 enter **A100**, if \$1,000,000 enter **A1000**. If \$10,000,000 or more, enter **A9999**. If the amount is less and \$1,000, enter **A0001**. If no monetary demand is made, enter **AXXXX**. If the plaintiff is seeking non-monetary relief, state the relief sought, such as injunction or foreclosure of a mortgage.

Bankruptcy Case In Which This Adversary Proceeding Arises. Enter the name of the debtor and the docket number of the bankruptcy case from which the proceeding now being filed arose. Beneath, enter the district and divisional office where the case was filed, and the name of the presiding judge.

Related Adversary Proceedings. State the names of the parties and the six digit adversary proceeding number from any adversary proceeding concerning the same two parties or the same property currently pending in any bankruptcy court. On the next line, enter the district where the related case is pending, and the name of the presiding judge.

Filing Fee. Check one box. The fee must be paid upon filing unless the plaintiff meets one of the following exceptions. The fee is not required if the plaintiff is the United States government or the debtor. If the plaintiff is the trustee or a debtor in possession, and there are no liquid funds in the estate, the filing fee may be deferred until there are funds in the estate. (In the event no funds are ever recovered for the estate, there will be no fee). There is no fee for adding a party after the adversary proceeding has been commenced.

Signature. This cover sheet must be signed by the attorney of record in the box on the right of the last line of the form. If the plaintiff is represented by a law firm, a member of the firm must sign. If the plaintiff is *pro se*, that is, not represented by an attorney, the plaintiff must sign.

The name of the signatory must be printed in the box to the left of the signature. The date of the signing must be indicated in the

box on the far left of the last line.